

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	10/829,265
	Filing Date	4/22/2004
	First Named Inventor	Patrice COHEN
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	753-B01.US

RECEIVED
CENTRAL FAX CENTER
APR 12 2005

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners at Customer Number _____

↓ Place Customer Number Bar
Code Label Here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Franz BONSANG	56638

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Franz BONSANG				
Address	C/o PROTECTIONS EQUINOX INT'L				
Address	224-4480 Cote-de-Liesse				
City	Montreal	State	Quebec	ZIP	H4N 2R1
Country	Canada				
Telephone	1-514-739-6770	Fax	1-514-733-4424		

I am the:

☒ Applicant

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Patrice COHEN
Signature	
Title and Company	
Date	12/04/05

Note: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.



USPTO

1-703-872-9306

from 1-514-733-4424

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.